

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/889524**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		1		
4		①		1		
5		②		1		
6		③		1		
7		④		1		
8		⑤		1		
9		⑥		1		
10		⑦		1		
11		⑧		1		
12		⑨		1		
13		⑩		1		
14		⑪		1		
15		⑫		1		
16		⑬		1		
17		⑭		1		
18		⑮		1		
19		⑯		1		
20			1			
21				1		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	19		21			
TOTAL CLAIMS	20		22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS